

FEB 14 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

| Name | | Office: |
|--|--|---|
| G. PAUL WATERHOUSE | | |
| Mailing address | District | |
| 21 GREEN STREET; BRIDGTON, | ME. 04009 | 98 |
| City, zip code | The state of the s | Phone |
| BRIDGTON 04009 | | Websimm Wheel |
| | | 98 |
| PART 1. INCOM | E DERIVED FROM EMPLOYMENT BY | ANOTHER |
| | | |
| List the name and address of each employer from economic activity of each employer. | m whom you received compensation of \$1,0 | 000 or more. Specify the principal type of |
| | | |
| ☑ None | | |
| Name of Employer | Address | Principal Type of Economic Activity |
| | | of Employer |
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| PART 2. INCOME DER | IVED FROM SELF-EMPLOYMENT OR | LAW PRACTICE |
| A. List the name and address of your business or | law firm, if any, and list the major areas of e | conomic activity or practice from which you |
| derived income. If associated with a partnership, fi activity or practice of that entity. | rm, professional association, or similar busin | ess entity, list the major areas of economic |
| | | |
| None None | | |
| | Major Areas of Economic Activ | Major Areas of Economic Activity/ ity/ Law Practice |
| Name and Address of Business Entity or Law I | Law Practice (self) | (partnership, association, firm or similar |
| | | business entity) |
| Name: | | |
| Address: | | Track-spring. |
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| Name: | un and a second | very first. |
| Address: | 111 | 17 |
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| PART 2 (continued). INCOME DEI | RIVED FROM SELF-EMPLOY | MENT |
|--|---|--|
| B. List each source of income derived from self-employment or la \$1,000, whichever is greater, and specify the principal type of eco income. If this form of disclosure is prohibited by law, rule, or an est economic activity of the entity or person from whom the income was or | nomic activity of the entity or pe ablished code of professional eth | erson from whom you derived such |
| Name and Address of Source | | Principal Type of Economic Activity of Entity or Person Who is the Source of the Income |
| Name: Address: | | |
| Name: Address: | | CONTRACTOR OF THE CONTRACTOR O |
| PART 3. OTHER SO | URCES OF INCOME | |
| List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 or 2 box. | of this form. Do not include gifts | or honoraria. If none, check the |
| None | | |
| Name and Address of Source | | Kind of Income (investments, leases, etc.) |
| Name: SOCIAL SECURITY Address: |] | RETIREMENT |
| Name: STATE OF MAINE Address: | 1 | RETIREMENT |
| Name: STATE OF MAINE Address: | | LEGISLATIVE PAY |
| PART 4. REPORT | ABLE LIABILITIES | |
| List the names of creditors for any <u>unsecured</u> loans of \$3,000 or m areas of economic activity of each creditor. Do not list credit card liab regulated financial institutions. If none, check the box. | ore that you received during the ilities, educational loans, loans from | reporting period, and list the major om a relative, or business loans from |
| ☐x None | | |
| Name and Address of Creditor | | Principal Type of Economic Activity of Creditor |
| Name: Address: | | |
| Name: Address: | | |
| PART 5. REPO | | |
| List the specific source of gifts received during the reporting period wit | th an aggregate value of more tha | in \$300. If none, check the box. |
| Name of Source of Gift | Name of | Source of Gift |
| 1. | 3. | 555,00 Or 518 |
| 2. | 4. | |

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| PART 6. RE | EPORTAB | LE HONORARIA | |
|---|--|---|-------------------------------------|
| List the source of any honoraria accepted for appearances or | speeches. | If none, check the box. | |
| ☑ None | m 10, w 10 | | |
| Name of Source of Honoraria | | Name of So | urce of Honoraria |
| 1. | 3 | | |
| 2. | 4 4 | | |
| PART 7. REPRESENT | TATION B | EFORE STATE AGENCIES | |
| List each executive branch agency before which you represe box. | ented or as | sisted others for compensation | n of any amount. If none, check the |
| | | Name | of Agency |
| 1. | 3 | nu tià similare anno anno anno anno anno anno anno ann | 3-11 |
| 2. | 4 | | |
| | | STATE AGENCIES | |
| List each executive branch agency to which you or a member \$1,000 during the reporting period. Indicate whether you or a | | | |
| None None | | | |
| Name of Agency 1. | 3 | inen dum berben biset er delimet en beschiede Albement anter med de him ein det de him en een de veren en in Nationale en anterde niet beschiede de biset en een de veren en een de Nationale en anter de de biset en een een een een een de de biset en een een een een een een een een ee | of Agency . |
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| PART 9. INCOME RECEIVE | | | |
| List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind of \$1,000 or more, list his or her name and job title. List only not include gifts. | of income | represented. If your spouse of | or domestic partner received income |
| Name of Spouse or Domestic Partner and Job Title | | oe of Economic Activity senting Source of Income Received | Kind of Income |
| Name: | 1. | | 1. |
| Job Title: | 2. 3. | | 2. 3. |
| Dependent Child(ren) - Job Titles Only | | | |
| Job Title: | | | |
| Job Title: | | | |
| Job Title: | | | |

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|--|---|--|---|---|--|--|
| held any office, trus | nonprofit corporation, fir steeship, directorship, or ted. If a family member | position of any natur | e. Indicate whether | you or a family held | the position and who | iate family ether the posi |
| ☑ None | 9395EDOH EEInobordamuu aannoonuu 11111111 aannoonuu aanuu aantogii qiliga gagaa gabaa da Abaali isha aa Dababaa | Эндэн хэн хэн хэн хэн хэн хэн хэн хэн хэн х | | | A Edministra a sendinovormularinografia (e argunça (e argunça (e argunça (e e propuedo (e electroles de ordina) | harrichandranoi (annuar 111111111111111111111111111111111111 |
| *************************************** | Organization/Business and Address | | Title | Position Held By: | Family Member's Name | Compen- sated? |
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| | | † (*) (*) (*) (*) (*) (*) (*) (*) (*) (*) | | | Standal Adolphy (v. Common of the Common of | |
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| COMMUNICATION AND ADMINISTRATION | | S | IGNATURE | | | |
| A Legislator who v | villfully fails to file a red | urired statement is | : subject to a fine (| of up to \$100 (1.1 | MRSA 8 1017-A | <u> </u> |
| <u> </u> | A SKOUD ignature | | | <u> </u> | Oate | |
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| | | ADDITION | IAL INFORMATIC |)N | | |
| Please provide ar the information yo | ny additional information nu are providing. Use | on below (and on a additional pages, it | ndditional sheets it f necessary. | needed). Indicat | e the part or sectio | n number fo |
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| Part/Section Number | | | | | | |
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